

<b>Case Number:</b>	CM13-0057552		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/22/2001
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in New York and North Carolina. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Employee-claimant states he was injured 10/22/2001. He walked into a freezer where there were boxes stacked 3 pallets high, when the bottom pallet broke, and the boxes fell on him. He is diagnosed with acromioclavicular strain and sprain, and his provider is requesting an MRI of the right shoulder without contrast. He has been diagnosed with right shoulder complete rotator cuff tear. He has had two shoulder surgeries and a cervical fusion. In January 24, 2012 it is noted that he cannot push, pull or elevate the right arm, and keeps it flexed at his side. He requests assistance with all ADLs. He ambulates with a wheelchair and requires help transferring. MRI on 5/1/12 showed chronic full thickness tear and degeneration of the labrum. He has not been assessed as a candidate for surgery on the shoulder for the rotator cuff.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI RIGHT SHOULDER W/O CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-207.

**MAXIMUS guideline:** Decision based on MTUS ACOEM, 2nd Edition, (2004), Shoulder Complaints, Page 202.

**Decision rationale:** There were no records contemporaneous with the November 2013 request submitted for review. There is nothing presented to substantiate the request. He does not need repeat MRI study of the right shoulder since surgery is not being planned. He has already been assessed as not being a candidate for the rotator cuff rupture already known to be there. If he is not a surgical candidate, MRI is not indicated, especially without significant change in his presentation over years. Per the treatment guidelines, diagnosis of AC sprain or strain does not require diagnostic testing. The request for right shoulder MRI is denied.